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NINETEENTH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
First Regular Session)

RECEIVED BY: 

SENATE
S.B. No. 1533

Introduced by **SENATOR IMEE R. MARCOS**

AN ACT
EXPANDING THE PHILHEALTH OUTPATIENT COVERAGE ON DIALYSIS AND
RENAL REPLACEMENT THERAPY, AND FOR OTHER PURPOSES

EXPLANATORY NOTE

Article II, Section 15 of the 1987 Constitution provides that "the State shall protect and promote the right to health of the people and instill health consciousness among them". Further, Article XIII, Section 11 of the Constitution provides that "the State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health, and other social services available to all the people at affordable cost There shall be priority for the needs of the underprivileged sick, elderly, disabled, women, and children. The State shall endeavor to provide free medical care to paupers."

The 2019 Global Burden of Disease, Injuries, and Risk Factors Study has shown that chronic kidney disease is the 4th leading cause of death among the Filipinos. According to the National Kidney and Transplant Institute (NKTi), one Filipino develops chronic renal failure every hour or about 120 Filipinos per million population every year. Latest estimates show that around 2.3 million Filipinos have chronic kidney disease.

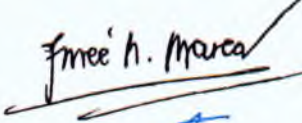
Most Filipinos, however, cannot afford the exorbitant cost of medical treatment for kidney disease. Renal transplantation, on the other hand, is limited due to the expense and shortage of donors.

Pursuant to its duty under Republic Act (RA) No. 11223, or the "Universal Health Care Act", and cognizant of the needs of its members, PhilHealth intends to increase the coverage of hemodialysis while balancing the available resources to fund this benefit. Thus, the PhilHealth Board of Directors, through PhilHealth Board Resolution

No. 2718 s. 2022, approved the payment of benefit claims for hemodialysis services up to a maximum of 144 sessions for 2022.

In line with the Universal Health Care Act", this bill seeks to further expand the PhilHealth coverage of dialysis patients to include expenses in all dialysis treatments as well as the expenses of donors for renal transplantation procedures.

For the abovementioned reasons, the passage of this bill is earnestly sought.


IMEE R. MARCOS

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Be it enacted by the Senate and House of Representatives of the Philippines in Congress assembled:

CHAPTER I

GENERAL PROVISIONS

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5 **SECTION 1.** *Short Title.* – This Act shall be known as the "*Comprehensive*
6 *Dialysis and Renal Replacement Therapy Act.*"
7

8 **SEC. 2.** *Declaration of Policy.* – The State shall endeavor to make essential
9 goods, health and other social services available to all the people at affordable cost, as
10 well as to improve the delivery of health care services to the people and to ensure that
11 hospital facilities are available, affordable and accessible to all.
12

13 It is a declared policy of the State to adopt an integrated and comprehensive
14 approach to health development that will provide Comprehensive Renal Replacement
15 Therapy (RRT) to improve the delivery of health care services to patients diagnosed
16 with End Stage Renal Disease (ESRD), and to encourage them to have a kidney
17 transplant, preferably within the first two (2) years of starting dialysis.
18

19 **SEC. 3.** *Definition of Terms.* – As used in this Act, the following terms are defined
20 as follows:
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- 22 a. *Dialysis facility* refers to a health facility that provides treatment for ESRD
23 patients and disseminates information on the various forms of RRT such as
24 kidney transplantation, peritoneal dialysis and hemodialysis;
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- b. *End Stage Renal Disease or ESRD* refers to the final stage of chronic kidney disease in which the kidneys no longer function well enough to meet the needs of daily life;
- c. *Hemodialysis or HD* refers to a medical procedure to remove fluid and waste products from the blood and to correct electrolyte imbalances. This is accomplished using a synthetic membrane or dialyzer which is also referred to as an "artificial kidney";
- d. *Indigent patient* refers to a patient who has no source of income or whose income is not sufficient for family subsistence as identified by the Department of Social Welfare and Development (DSWD) through the National Household Targeting System (NHTS) for Poverty Reduction, or those patients who are indigents but are not listed in the NHTS as assessed by the provincial social development officer, city social development officer, or municipal social development officer, as the case may be;
- e. *Kidney transplant or KT* refers to a surgical procedure to place a kidney from a live or deceased donor into a person whose kidneys no longer function sufficiently to sustain the person's life;
- f. *No Balance Billing* refers to the government policy of not charging the medical expenses incurred over and beyond the PhilHealth package rates to a PhilHealth member who has undergone medical treatment;
- g. *Peritoneal dialysis or PD* refers to a treatment for kidney failure and a type of dialysis that uses the person's peritoneum (lining of abdominal cavity) as the membrane through which fluid and toxic substances are exchanged with blood;
- h. *PD First Policy* refers to the policy where peritoneal dialysis, when feasible, is offered as the first dialysis modality to RRT patients;
- i. *Renal replacement therapy or RRT* refers to therapy that partially replaces the functions of the normal kidney. This may be in the form of kidney transplantation, peritoneal dialysis and hemodialysis.

SEC. 4. Chronic Kidney Disease (CKD) Prevention and Health Promotion. – All national, provincial, and regional government hospitals with dialysis service facility, and stand-alone dialysis facilities should establish CKD prevention strategies and health promotion activities which include: advocacy activities targeting relatives of dialysis patients who are at high risk for developing CKD themselves, the provision of instructional materials and regular educational activities on the common symptoms of kidney disease such as its risk factors, healthy diet and lifestyle, common tests to

1 diagnose kidney disease, the most common causes of kidney failure, and advisories on
2 the appropriate protocols for the diagnostic evaluation of possible kidney disease.

3
4 Patients and their relatives should be informed about the availability of the proper
5 medicines from government health centers such as those for diabetes and hypertension,
6 and the importance of the regular intake of medicines and monitoring of kidney function
7 through regular laboratory testing and regular clinic follow-up with a qualified physician.
8 All activities pertaining to the aforementioned programs should be documented
9 accordingly.

10
11 **SEC. 5. *Philippine Renal Disease Registry.*** – As a requirement for the renewal
12 of their respective DOH licenses to operate a dialysis center or transplant facility, private
13 and public hospitals, dialysis centers for both HD and PD, and transplant facilities shall
14 be mandated to report to the Philippine Renal Disease Registry of the DOH the incidence
15 and prevalence of patients receiving peritoneal dialysis or hemodialysis treatment, as
16 well as those who have received a kidney transplant. Registration of all dialysis patients
17 in the PhilHealth dialysis database will be required prior to the availment of benefits for
18 both peritoneal dialysis and hemodialysis.

19
20 **SEC. 6. *PhilHealth Benefit for Dialysis Treatment.*** – The PhilHealth shall cover
21 all expenses for maintenance dialysis treatments, in accordance with the implementing
22 rules and regulations of Republic Act (RA) No. 11223, or the "Universal Health Care
23 Act." The professional fee of the attending physician and hospital charges shall be
24 included in the PhilHealth benefits for dialysis treatment.

25
26 For purposes of providing optimal financial risk protection to the most vulnerable
27 groups including the poorest of the poor, the "No Balance Billing Policy" of the
28 government is hereby provided for indigents.

29
30 **SEC. 7. *Dialysis Facility.*** – A dialysis facility shall be compliant with the licensing
31 requirements imposed under DOH Administrative Order No. 2012-0001 dated January
32 26, 2012 for hemodialysis, and PhilHealth-Accreditation for peritoneal dialysis facilities.
33 Hospitals without dialysis facilities shall first put up the necessary equipment and
34 qualified Staff to perform peritoneal dialysis services. For hospitals with existing
35 hemodialysis facilities, a peritoneal dialysis unit shall be established immediately so that
36 this more cost-effective dialysis option can be made available to patients. Hospitals shall
37 preferentially be provided with the necessary personnel, equipment and supplies as
38 required by PhilHealth for accredited facilities.

39
40 **SEC. 8. *Training for Peritoneal and Hemodialysis Treatment and Services.*** – The
41 DOH, National Kidney and Transplant Institute (NKTII) and the Philippine Society of
42 Nephrology (PSN) shall provide training for medical personnel such as physicians to
43 take charge of the hemodialysis and peritoneal dialysis centers, hemodialysis and
44 peritoneal dialysis nurses, hemodialysis and peritoneal dialysis technicians, operating

1 room nurses, transplant ward nurses, transplant coordinators, and non-medical
2 barangay health workers to support home based peritoneal dialysis. The NKTI shall
3 accredit the centers that can provide training for the above personnel and training
4 should include hands-on workshops for dialysis.

5
6 **SEC. 9. *PhilHealth Benefit for Kidney Transplantation.*** – All expenses for kidney
7 transplantation from living donors shall be shouldered by PhilHealth pursuant to RA No.
8 11223. This shall include the cost of laboratory work-up for both recipient and donor
9 candidate, hospitalization for the transplant operation including induction
10 immunosuppression and maintenance oral immunosuppression, machine perfusion of
11 procured organs, the cost for organ retrieval, all medications required during the
12 hospital stay, as well as post discharge laboratories.

13
14 The cost for organ retrieval and machine perfusion will be established by the
15 DOH-Philippine Organ Donation Program for all organ procurement organizations.

16
17 The PhilHealth shall also cover the evaluation and screening of the kidney donor
18 and recipient up to the transplant procedure and post-transplantation procedures and
19 remedies. This is inclusive of both pre- and post-kidney transplantation measures for
20 the benefit of ESRD patients.

21
22 In order to support kidney transplantation as the best treatment option that
23 provides the highest quality of life for ESRD patients and ensures the return of the
24 patient to full rehabilitation, the PhilHealth and the Philippine Charity Sweepstakes
25 Office (PCSO) shall provide support for all maintenance immunosuppression for the
26 lifetime of the transplant patient, as long as the transplanted organ is functioning and
27 the patient remains dialysis-independent.

28
29 All RRT facilities shall be required to engage in regular organ donation advocacy
30 activities that will provide education for all Filipinos to carry the organ donor card.
31 Facilities will likewise establish a potential deceased organ donor referral system that
32 will identify all potential deceased organ donors to the Philippine Network for Organ
33 Sharing.

34
35 **SEC. 10. *Rehabilitation Program.*** – The DOH, in coordination with the
36 Department of Labor and Employment (DOLE), Technical Education and Skills
37 Development Authority (TESDA), and the DSWD and other pertinent agencies, shall
38 establish a comprehensive rehabilitation program for ESRD patients who have
39 undergone kidney transplant in order to help them reach their fullest physical,
40 psychological, social, vocational, avocational, and educational potential consistent with
41 their physiologic or anatomic condition, environmental limitations, life plans and desires.

42
43 **SEC. 11. *Appropriations.*** – The initial amount necessary to implement the
44 provisions of this Act shall be charged against the current year's appropriation of the

1 DOH and other concerned departments/agencies. Thereafter, such sum as may be
2 necessary for the continued implementation of this Act shall be included in the Annual
3 General Appropriations Act.

4
5 **SEC. 12. *Implementing Rules and Regulations.*** – Within sixty (60) days from the
6 effectivity of this Act, the Department of Health, in coordination with the President of
7 PhilHealth, and the Executive Director of the NKTI, shall issue the implementing rules
8 and regulations to implement the provisions of this Act.

9
10 **SEC. 13. *Separability Clause.*** – If any provision or part hereof is held invalid or
11 unconstitutional, the remainder of the law or the provision not otherwise affected shall
12 remain valid and subsisting.

13
14 **SEC. 14. *Repealing Clause.*** – Any law, presidential decree or issuance, executive
15 order, letter of instruction, administrative order, rule or regulation contrary to or
16 inconsistent with the provisions of this Act are hereby repealed, modified or amended
17 accordingly.

18
19 **SEC. 15. *Effectivity.*** – This Act shall take effect fifteen (15) days after its
20 publication in the Official Gazette or in a newspaper of general circulation.

Approved,